PTO/SB/22 (08-03)

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| DETITION FOR | EXTENSION OF | TIME UNDER 37 | CEP 1 | 136/3\ |
|--------------|--------------|----------------|-------------|--------|
| | | THAIL OHDER 31 | O.1 .1X. 1. | 130(a) |

Docket Number (Optional)

Kambiz Abdi

In re Application of

Kirk Beach et al.

Application Number

09/662,414

Filed
September 14, 2002

For
SYSTEM FOR VOUCHER OR TOKEN VERIFICATION

Group Art Unit

Examiner

3621

JAN 4 2004 W

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows

| (check time period desired): | e are as rollows | | | |
|--|--|--|--|--|
| One month (37 CFR 1.17(a)(1)) | 01/20/2004 UTFOW \$ 110 | | | |
| ☐ Two months (37 CFR 1.17(a)(2)) | 01/20/2004 HTECKLU1 00000002 09\$5241420 | | | |
| ☐ Three months (37 CFR 1.17(a)(3)) | \$ 59.50 op | | | |
| ☐ Four months (37 CFR 1.17(a)(4)) | \$ 1,480 | | | |
| ☐ Five months (37 CFR 1.17(a)(5)) | \$ 2,010 | | | |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$55.00. | | | | |
| ☑ A check in the amount of the fee is enclosed. | 01/20/2004 HTECKLU1 00000002 09662414 | | | |
| ☐ Payment by credit card. Form PTO-2038 is attached. |) 01 FC:2251 55.00 OP | | | |
| ☐ The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | |
| The Director is hereby authorized to charge any additional credit any overpayment, to Deposit Account No. 50-0665. I have enclosed a duplicate copy of this sheet. | | | | |
| I am the applicant/inventor | RECEIVED | | | |
| assignee of record of the entire interest. See 3 Statement under 37 CFR 3.73(b) is enclos | ed. (Form PTO/SB/96). | | | |
| attorney or agent of record. Registration No. 4 | 7.392. GROUP 360 | | | |
| attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(| a): | | | |
| WARNING: Information on this form may become public. Con this form. Provide credit card information and authorize | | | | |
| January / 4 , 2004 Date | Signature | | | |
| (206) 359-8000 Telephone Number | Stephen E. Arnett Typed or printed name | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entimultiple forms if more than one signature is required, see below. | ••• | | | |

▼ Total of one form is submitted.

This form is estimated to take 6 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.